PTO/SB/22 (10-04)

Approved for use through 7/31/2006. OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER 3	Docket Number (Optional)						
FY 2005	00138-023	340-US					
(fees effective on or after October 1, 2	Ett. 1 E.L.	00 0000					
Application Number 10/081628-Conf.	#1917	Filed Februa	ary 20, 2002				
For PHOSPHORUS-CONTAINING POLYMERS FOR OPTICAL SIGNAL TRANSDUCERS							
Art Unit 1713		Examiner Pezz	uto, Helen Lee				
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.							
The requested extension and fee are as follows (che			oriate fee below):				
[<u>Fee</u>	Small Entity Fee	6 440.00				
One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$ 110.00				
Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00	\$				
Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00	\$				
Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00	_\$				
Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00	\$				
Applicant claims small entity status. See 37	CFR 1.27.						
X A check in the amount of the fee is enclosed.							
Payment by credit card. Form PTO-2038 is a	attached.						
The Director has already been authorized to	charge fees in this a	application to a Deposit A	Account.				
The Director is hereby authorized to charge a	anv fees which may	be required, or credit an	v overpayment, to				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number03-2775 I have enclosed a duplicate copy of this sheet.							
I am the applicant/inventor.							
assignee of record of the entire interest. See 37 CFR 3.71.							
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number							
			_				
X attorney or agent under/37 Cl		50,735					
Regultration Humber Laguing	HILLER ST CITY 1.54(a)	11/17	_ · /cst0				
Signature		Date	<u>/∪ ↑</u>				
J. Clay Matthews	(302) 658	3-9141					
Typed or printed name	Telephone						
NOTE: Signatures of all the inventors or assignees of record of the than one signature is required, see below.	entire interest or their repr	esentative(s) are required. Subm	it multiple forms if more				

11/23/2004 FMETEKI1 00000013 10081628

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110.00 OP

Total of

forms are submitted.

PTO/SB/17 (10-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

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FEE	TR	AN	SMI	TTAL
	for	FY	200	5

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 110.00

Complete if Known					
Application Number	10/081628-Conf. #1917				
Filing Date	February 20, 2002				
First Named Inventor	Ingmar Dorn				
Examiner Name	Pezzuto, Helen Lee				
Art Unit	1713				
Attorney Docket No.	00138-02340-US				

METHOD OF DAYMENT (about all that and a	T			EEF	E CALCULATION (continued)	
METHOD OF PAYMENT (check all that apply)				ree	E CALCULATION (continued)	
X Check Credit Money Other None	3. A	DDITI	ONAL	FEES		
Deposit Account:						
Deposit	Large	e Entity	Small	Entity		
Account 03-2775	Fee	Fee	Fee	Fee	Fee Description	
Number	Code	(\$)	Code	(\$)		Fee Pald
Deposit Account Connolly Bove Lodge & Hutz LLP	1051	130	2051	65	Surcharge – late filing fee or oath	
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.	,
		400	4052	420		
Charge fee(s) indicated below X Credit any overpayments		130	1053	130	Non-English specification	
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	For fi ling a request for ex parte reexamination	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		920*	1804	920°	Requesting publication of SIR prior to Examiner action	
	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	\$110.00
1. BASIC FILING FEE	1252	430	2252	215	Extension for reply within second month	
Large Entity Small Entity	1253	980	2253	490	Extension for reply within third month	
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,530	2254	765	Extension for reply within fourth month	
1001 790 2001 395 Utility filing fee	1255	2,080	2255	1,040	E xtension for reply within fifth month	
1002 350 2002 175 Design filing fee	1401	340	2401	170	Notice of Appeal	
1003 550 2003 275 Plant filing fee	1402	340	2402	170	Filing a brief in support of an appeal	
1004 790 2004 395 Reissue filing fee	1403	300	2403	150	Request for oral hearing	
1005 160 2005 80 Provision al filing fee	1451	1,510	1451	1,510	P etition to institute a public use proceeding	
SUBTOTAL (1) (\$) 0.00	1452	110	2452	55	Petition to revive – unavoidable	
30B101AE(1) (\$) 0.00	1453	1,370	2453	685	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,370	2501	685	Utility issue fee (or reissue)	
Extra Fee from Claims below Fee Paid	1502	490	2502	245	Design issue fee	
Total Claims -20** = x = =	1503	660	2503	330	Plant issue fee	
Independent -3** = x	1460	130	1460	130	Petitions to the Commissioner	
Claims	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
Large Entity Small Entity	1806	180	1806	180	Submission of Information Disclosure Stmt	
Fee Fee Fee Fee Code (\$) Fee Description	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20	1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1201 88 2201 44 Independent claims in excess of 3 1203 300 2203 150 Multiple dependent claim, if not paid	1810	790	2810	395	For each additional invention to be examined (37CFR 1.129(b))	
1204 88 2204 44 ** Reissue independent claims	1801	790	2801	395	Request for Continued Examination (RCE)	
over original patent	1802	900	1802	900	Request for expedited examination	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		į		000	of a design application	
	Other	fee (spe	сіту)			
**or number previously paid, if greater; Par Reissues, see above,			Basic Fi	ling Fee	Paid SUBTOTAL (3) (\$)	110.00
SUBMITTED BY	<u> </u>				(Complete (if applicable))	
Name (Print/Type) J. Clay Matthews		ey/Agent)		, , , , ,	Telephone (302) 658-9141	
Signature					Date // // //	<i>y</i> 4